

FORM A
UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF NEW YORK

**CASE MANAGEMENT/ELECTRONIC CASE FILES SYSTEM (CM/ECF)
ATTORNEY OR PARTICIPANT REGISTRATION FORM**

LIVE SYSTEM

This form will be used to register an attorney or participant on the U.S. Bankruptcy Court for the Western District of New York Electronic Case Files (CM/ECF) System (hereinafter *System*). A registered participant will have privileges to submit documents electronically, and to view and retrieve docket sheets and documents for all cases assigned to the Western District's ECF *System*. **(NOTE: A PACER account is necessary for access to files and documents.** You may register for a PACER account either online at <http://pacer.psc.uscourts.gov> or by calling 1-800-676-6856).

First/Middle/Last Name: _____

Bar ID #: _____

State of Admission: _____

Admitted to Practice in U.S. District Court for the WDNY: _____

Firm Name, if applicable _____

Mailing Address: _____

Voice Phone Number: _____

Fax Phone Number: _____

Internet E-MAIL Address: _____

Send Notices to these additional E-MAIL Addresses: _____

Send Electronic Notice (check one) ☐ Each Filing ☐ End of Day Summary

Send Electronic Notice in the following format (check one):

☐ HTML for *Netscape*, ISP mail service, i.e., *AOL*, *Hotmail*, *Yahoo*, etc.

☐ Text for cc:Mail, Groupwise, Outlook, Outlook Express, other (please list) _____

In order to schedule you for the appropriate training class, please indicate your type of legal practice.

☐ Debtor ☐ Creditor ☐ Trustee ☐ Other (please specify)_____.

Return my login and password by: ☐ first class mail with the envelope marked confidential OR

☐ pick up at public counter in ☐ Buffalo or ☐ Rochester.

By submitting this registration form the applicant agrees to adhere to the following:

1. This access is for use only in ECF cases filed in the U.S. Bankruptcy Court for the Western District of New York. It may be used to file and view electronic documents, docket sheets, and reports. **NOTE: A PACER account is necessary for this access and the registration information is referenced above.**
2. The FRBP 9011 requires that every pleading, motion, and other paper (except lists, schedules, statements, or amendments thereto) filed with Court be signed by at least one attorney of record or, if the party is not represented by an attorney, by the party. The unique password issued to a participant identifies that participant to the Court each time he or she logs onto the *System*. The use of a participant's password constitutes the signature of the purposes of FBRP 9011 on any document or pleading filed electronically using that participant's password. Therefore, a participant must protect and secure the password issued by the Court. If there is any reason to suspect the password has been compromised, it is the duty of the participant to immediately change his or her password through the "Utilities" menu in the *system*. After doing so, the participant should contact the ECF Help Desk to report the suspected password compromise.
3. Registration will constitute a request and an agreement to receive service of pleadings and other papers electronically pursuant to FRBP 9036, where service of pleadings and other papers is otherwise permitted by first class mail, postage prepaid.
4. I understand that by submitting an application for a password I agree to adhere to all of the rules and regulations in the WDNY Administrative Order for Filing, Signing, and Verifying Pleadings and Papers by Electronic Means currently in effect, and any changes or additions that may be made to such Administrative Order. The Court may periodically post announcements and updates to the Court's website that are pertinent to CM/ECF practice.
5. I assume all responsibility and liability for the payment of all applicable filing fees due at the time the document is electronically filed.
6. I understand that prior to electronically filing any document with the Court, I must obtain the original signature of the party or parties I represent on a paper copy of the document and that I must retain the original of that signed document for the length of time set forth in the "Administrative Procedures."

Applicant's Signature

Last four Digits of Social Security Number (for security purposes)

Privacy Disclaimer: The information contained within this application will not be sold or otherwise distributed by this office to outside sources.

Please return this form to the New York Western Office at:

U.S. Bankruptcy Court
Attn: Clerk of Court
Olympic Towers
300 Pearl Street, Suite 250
Buffalo, NY 14202